

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1360</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>GENE KREIS</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4 ACKERMAN AVENUE</u> City <u>ORADELL</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>07649</u>	4. Name, file number, and address of labor organization. Name <u>ALA LOCAL ONE</u> Labor Organization File Number <u>035-319</u> P.O. Box, Building and Room Number, if any _____ Street <u>113 UNIVERSITY PLACE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10005</u>
5. Position in labor organization. <u>VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Gene Kreis

On

8/10/05  
Date

(212) 460 0800  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ALLIANCE BERNSTEIN

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 767 FIFTH AVENUECity NEW YORKState NEW YORK ZIP Code + 4 10153

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALA Industry Pension Plan/Sickness & Accident

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 113 UNIVERSITY PLACECity NEW YORKState NEW YORK ZIP Code + 4 10003

## 11.a. Nature of such dealing.

INVESTMENT MANAGER

## 11.b. Approximate dollar value of such dealing.

\$ 187,787.00

## 12.a. Nature of interest held or income received.

INVESTMENT MEETING ACTIVITY  
During meeting held on 12/2/04  
DURING IFEB MEETING/CONFERENCE  
NEW ORLEANS 11/19 - 12/4/04

## 12.b. Amount.

\$ 75.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ALLIANCE BERNSTEIN  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street 767 FIFTH AVENUE  
 City NEW YORK  
 State NEW YORK ZIP Code + 4 10153

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALA INDUSTRY PENSION PLAN/SICKNESS ACCIDENT  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street 113 UNIVERSITY PLACE  
 City NEW YORK  
 State NEW YORK ZIP Code + 4 10003

11.a. Nature of such dealing.

INVESTMENT MANAGER SERVICES

11.b. Approximate dollar value of such dealing.

\$189,787.00

12.a. Nature of interest held or income received.

INVESTMENT MEETING ACTIVITY  
ON 8/3/04

12.b. Amount.

\$250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street   
 City   
 State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CRA/ROGERS CASEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 South Street - S. 7E 250

City WALTHAM

State MA

ZIP Code + 4 02453

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALA INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 113 UNIVERSITY PLACE

City NEW YORK

State NEW YORK

ZIP Code + 4 10003

11.a. Nature of such dealing.

INVESTMENT CONSULTANTS

11.b. Approximate dollar value of such dealing.

\$18,435.00

12.a. Nature of interest held or income received.

CONFERENCE ACTIVITIES FROM 10/20-10/23/04  
DURING ANNUAL SUMMIT  
CONDUCTED BY CRA/ROGERS CASEY

12.b. Amount.

\$1456.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK OF NEW YORK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11-15 UNION SQUARE WEST

City NEW YORK

State NEW YORK ZIP Code + 4 10003

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

CUSTODIAL BANK / INVESTMENT  
MANAGER SERVICES

## 11.b. Approximate dollar value of such dealing.

\$8721.00

## 12.a. Nature of interest held or income received.

FUNDRAISER ACTIVITIES ON 6/10/04  
DURING SOL STETIN / BORIS HOUSE  
LABOR MUSEUM MEETING

## 12.b. Amount.

\$200.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK OF New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11-15 UNION SQUARE WEST

City NEW YORK

State NEW YORK ZIP Code + 4 10003

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

CUSTODIAL BANK / INVESTMENT  
MANAGER SERVICES

## 11.b. Approximate dollar value of such dealing.

\$ 8721.00

## 12.a. Nature of interest held or income received.

HOLIDAY GIFT - DECEMBER 2004

## 12.b. Amount.

\$ 30.42

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.